UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/MDG/4
20 November 1998

ORIGINAL: ENGLISH

First regular session 1999
25 - 29 January 1999, New York
Item 10 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Madagascar

Proposed UNFPA assistance: $14.4 million, $12.5 million from UNFPA regular resources and $1.9 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1999-2003)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	8.6	1.5	10.1
Population and development strategies	3.5	0.4	3.9
Programme coordination and assistance	0.4	-	0.4
Total	12.5	1.9	14.4

MADAGASCAR

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	58.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	17.0	≥55
Access to basic health services (%)[3]	65.0	≥60
Infant mortality rate (/1000)[4]	93	≤50
Maternal mortality rate (/100,000)[5]	570	≤100
Gross female enrolment rate at primary level (%)[6]	63.7	≥75
Adult female literacy rate(%)[7]	73.0	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	14,874
Population in year 2000 (000)	17,395
Sex ratio (/100 females)	99.1
Per cent urban	27
Age distribution (%)	
Ages 0-14	46.9
Youth (15-24)	19.2
Ages 60+	4.2
Percentage of women aged 15-49	44.5
Median age (years)	16.5
Population density (/sq. km.)	25
Annual population growth rate (%)	3.13
Urban	5.35
Rural	2.27
Crude birth rate (/1000)	41.1
Crude death rate (/1000)	9.9
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.65
Life expectancy at birth (years)	
Males	57.0
Females	60.0
Both sexes	58.5
GNP per capita (U.S. dollars, 1994)	230

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision**; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision**. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1999-2003 to assist the Government of Madagascar in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $14.4 million, of which $12.5 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.9 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's fourth programme of assistance to Madagascar.

2. The proposed programme was formulated in close consultation with the Government and takes into account the objectives and priorities of the Government as expressed in the National Population Policy for Economic and Social Development (NPPESD) and the Economic and Financial Policy and sectoral policies in health and education. The proposed programme is based on the Country Population Assessment (CPA) exercise and the strategic orientations of the United Nations Development Assistance Framework (UNDAF) document, signed in May 1998. The UNDAF will enhance the complementarity and coordination of the activities of the United Nations system and increase their impact and responsiveness to the Government's development priorities, in accordance with the recommendations of recent United Nations global conferences. Both the CPA and the UNDAF were prepared with the active participation of the Government and various non-governmental organizations (NGOs). Thus the proposed programme is the result of consultations with the Government as well as with United Nations agencies, bilateral and multilateral donors and NGOs and is harmonized with the cycles of UNDP, UNICEF and WFP. Madagascar is a "Category A" country under the UNFPA resource allocation criteria.

3. The goal of the Government, as stated in the NPPESD for 1996-2000, is to improve the quality of life and the welfare of the population by (a) removing economic, social and political obstacles to the population's participating in, and benefiting from, development and poverty reduction programmes; (b) decreasing morbidity and mortality levels, particularly those of mothers and children; and (c) reducing the fertility rate to reach a lower population growth rate compatible with the nation's economic and social objectives. UNFPA proposes to assist the Government in attaining these goals in the areas of reproductive health and population and development strategies. The purpose of the proposed UNFPA programme is: (a) to increase the utilization of reproductive health services in three provinces (assigned by the Government) where the Fund concentrated its efforts during the third programme of assistance and, at the national level, to improve knowledge about reproductive health and promote responsible reproductive health behaviour, with particular attention to the reproductive health needs of adolescents and men; and (b) to improve the implementation of the NPPESD and promote the empowerment of women so as to reduce gender inequalities.

4. UNFPA assistance would be channelled through two subprogrammes -- one in reproductive health, and the other in population and development strategies. Advocacy activities would be integrated into both subprogrammes. Activities in the reproductive health subprogramme would focus on improving the delivery and management of reproductive health services in the provinces of Antsiranana, Toamasina and Toliary, which account for 39 per cent of the total population and have the highest poverty levels and the most unfavourable reproductive health indicators in the country. The reproductive health activities would also help to reinforce the capacity of the central Government to: develop information, education and communication (IEC) strategies to promote reproductive health; formulate a national policy on reproductive health; and institutionalize family life education and population education (FLE/PopEd) for adolescents in and out of school. Activities in the area of population and development strategies would be national in scope and would focus on the implementation of the NPPESD; the collection and analysis of data; and the use of advocacy to improve the status of women.

5. All activities under the proposed programme would be undertaken within a human rights approach and in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

6. Madagascar's 1993 population census estimated the population at 12.2 million inhabitants, with 77 per cent living in rural areas.[1] The country has high birth and death rates and an annual population growth rate of 2.9 per cent. At this rate, the population would double every 25 years. Madagascar is ranked 153 out of 174 countries on the UNDP Human Development Index (1998).

7. The infant mortality rate remains high. It was estimated at 96 per 1,000 live births, according to the 1997 demographic and health survey (DHS). The DHS also found a high maternal mortality ratio, at 488 per 100,000 live births, due primarily to abortion (40 per cent) and other complications linked to delivery (37.5 per cent). The use of modern contraceptive methods is low (14 per cent in urban and 7 per cent in rural areas). Unmet family planning needs are estimated at 26 per cent for married women. Less than half (47 per cent) of the deliveries are performed by health professionals, and 39 per cent are performed by traditional birth attendants (TBAs). The health services are underutilized primarily due to lack of equipment, medicines and trained personnel, especially in the rural areas. No specific structures are in place to meet the reproductive health needs of adolescents,

---

[1] *The data used throughout the document are the most recent survey and census data and may vary from data presented in the fact sheet.*

particularly with regard to the prevention of sexually transmitted diseases (STDs), which is a major public health problem. According to Government sources, the infection rate for HIV/AIDS was estimated at 0.13 per cent in 1998.

8. The results of the 1993 census reveal that the literacy rate is low (52 per cent of the men and 57 per cent of the women are illiterate) especially in rural areas. The enrolment rate in primary schools is 61.4 per cent for girls and 61.6 per cent for boys. There are fewer girls (14 per cent) than boys (16 per cent) in secondary school, because of the high drop-out rate (52 per cent) for girls.

9. In 1998, the Ministry of Health adopted a national health policy which was translated into a strategic plan for the years 1998-2000. This policy and the strategic plan take into account the recommendations of the ICPD and also emphasize reproductive health in emergency situations, such as those created by cyclones. In 1997, a National Symposium on Reproductive Health clarified the reproductive health concept and established priority areas and target groups. Implementation of the NPPESD began in 1995 and led, in 1997, to the adoption of a National Population Programme (NPP), which had been developed through a participatory process at national and regional levels, involving ministerial departments and representatives of civil society and NGOs. In 1998, the Government realized that the socio-demographic objectives of the NPP for the year 2000 were too ambitious and revised them towards 2003.

10. Madagascar's Constitution prohibits discrimination based on gender, although discrepancies exist between current laws and their implementation. Madagascar has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), however, violations of the relevant legal provisions still occur.

Previous UNFPA assistance

11. The third UNFPA country programme was initially approved for the period 1993-1997 for a total of $7.0 million, with $1.5 million from multi-bilateral resources. Following the mid-term review conducted in August 1995, the programme was extended for one year with an additional budget of $3.8 million from UNFPA regular resources, to harmonize with the future programme cycles of other United Nations agencies. The Government of Denmark provided $500,000 for adolescent reproductive health activities.

12. Overall, the third country programme contributed to a 25 per cent decrease in infant and maternal mortality and an increase in the contraceptive prevalence rate from 3 to 14 per cent in the provinces where reproductive health activities were supported. Specific achievements in the health sector included the integration of family planning services into maternal and child health (MCH) activities in 250 health centres in the provinces assisted by UNFPA; operational research on

alternatives for providing family planning services at 36 sites offering community-based services; and the integration of reproductive health, including family planning, into the minimum services package of the basic health centres. The programme also enabled the development of regional IEC strategies for promoting family planning that were adapted to the sociocultural realities of the specific provinces. Support was also provided for training and refresher courses in clinical methods of family planning, in reproductive health programme management and in family planning IEC. UNFPA also supported the integration and institutionalization of FLE/PopEd into the educational system at the primary and secondary levels, including the development of national FLE counselling activities combined with reproductive health services for youth. The Fund has actively promoted collaboration between NGOs -- the Scout movement, URGENCES, the Health Department of the Lutheran Church (SALFA), and the National Family Welfare Association (FISA) -- and the Ministry of Youth and the Ministry of Health. Local NGOs, which were generally weak in structure, developed significantly after the liberalization process in the late 1980s.

13. In the population and development sector UNFPA provided support for the 1993 population census and the 1997 DHS. The Fund also supported the NPP and its institutional framework to implement the NPPESD and an IEC/advocacy strategy for the NPP which was developed with the involvement of NGOs and media lobbies. In the gender, population and development sector, the focus was on reinforcing national technical capacity through training in FLE and income-generating activities, and creating awareness among women, men and youth about FLE through the establishment of a network of 200 female social workers. National capacity has been strengthened by the training of nationals through the UNFPA Global Programme of Training in Population and Development.

14. Programme implementation was constrained by the weakness of national coordination mechanisms for population activities and by political instability in the country. There was a high turnover of qualified nationals involved in the execution of projects. The inclusion of the gender dimension in training activities and the implementation of gender activities have been limited due to the absence of a national strategy on the empowerment of women. The dissemination and the use of data collected during national surveys for decision-making have also been limited.

15. One of the lessons learned from the third country programme concerns the necessity of promoting national ownership through the involvement of all the main actors in all phases of programme and project formulation, implementation, monitoring and evaluation. The decentralization of implementation to the provincial level improved project effectiveness. The Government's initiative of assigning provinces to various development partners -- the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and the United States Agency for International Development (USAID) as well as UNFPA -- has contributed to producing positive outcomes in the area of family planning. The third programme also helped to identify areas for improvement. It became clear, for example, that a

strategy for monitoring and evaluating training should be developed to better assess the performance of trained personnel and that training activities need to systematically integrate the gender dimension. Also, greater attention needs to be paid to disseminating basic and recent data from various surveys and research and to their use in determining specific indicators on population for use by decision makers at the programme and project levels. Continued use of the technical services of National Professional Project Personnel (NPPPs) and regional advisers from the UNFPA Country Support Team (CST) or regional projects in Africa should be promoted because of the high quality of their technical inputs and their efficiency in helping programme and project implementation and execution. Careful assessment of national and international executing agencies needs to be done at the time of subprogramme design in order to plan activities related to their capacities. Briefings on the Fund's new financial procedures should be provided to the executing agencies.

16. As one of the pioneers in reproductive health in Madagascar, UNFPA has accumulated wide experience in supporting reproductive health activities in both the public and non-governmental sectors and in promoting cooperation with NGOs specialized in family planning or related IEC, religious NGOs, and the Scout movement. Also, UNFPA has successfully undertaken activities in the controversial area of adolescent reproductive health. In the area of population and development strategies, UNFPA was the first funding organization to support the development of the NPP and its institutional framework; subsequently other partners have also become involved in financing various elements of the policy. UNFPA has achieved a high level of cooperation with its development partners in the area of data collection and analysis and, inter alia, has provided support to the 1992 and 1997 demographic and health surveys and the 1993 population census. Such cooperation will assist in enabling quality data collection and analysis as the Government undertakes the restructuring of the National Institute for Statistics (NIS). With respect to gender and the empowerment of women, UNFPA has long supported the integration of gender concerns in training and data analysis.

Other external assistance

17. External assistance for population activities has focused primarily on the health sector. As noted above, in the area of family planning, the Government has assigned specific provinces to various funding bodies -- UNFPA, GTZ and USAID -- so that they can concentrate and focus their assistance. USAID has provided support to the logistic management of family planning commodities as well as the expansion of family planning into the private and quasi-public sectors. UNFPA and USAID have supplied contraceptives nationwide. UNICEF has provided support to the primary health care system, including child health, nutrition and the Expanded Programme of Immunization (EPI), and to the community management of health services through the Bamako Initiative. WHO is reinforcing the national health system with special attention to the Safe Motherhood Initiative needs assessment, women's health and the development of a National Health Policy for Youth/Adolescents. The European Union has provided funding for the health sector, including some reproductive health

components. The World Bank is supporting educational reform and provides assistance to the Ministry of Health, especially for the reinforcement of its management and planning capacity and support to health districts. The French Ministry of Foreign Affairs and Cooperation is supporting equipment and maintenance of hospitals and the establishment of MCH centres in the town of Toamasina. It is also the main donor for civil registration activities. The local affiliate of the International Planned Parenthood Federation (IPPF) has been involved in family planning service delivery and adolescent reproductive health, including counselling and services at the national level. UNFPA is one of the co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which supports the national AIDS control programme.

18. Coordination between various donor agencies in the health sector is promoted through regular meetings. The European Union, the French Ministry of Foreign Affairs and Cooperation, GTZ, UNDP, UNFPA, the World Bank and international and local NGOs have supported several activities related to the promotion of the status of women. UNDP, UNFPA, UNICEF, USAID and the World Bank have provided support for data collection and analysis, including for the DHS and the census.

Proposed programme

19. The goal of the proposed programme is to contribute to the attainment of the Government's objectives to reduce poverty, improve population dynamics and achieve sustainable development, particularly through contributing to the improvement of reproductive health and the promotion of gender equality and equity. The proposed programme would support activities in two subprogrammes: reproductive health, and population and development strategies, with advocacy activities incorporated as integral elements of both subprogrammes. As in the past, the programme would seek to promote ownership by involving national authorities in all phases of its implementation, monitoring and evaluation. All programme activities would reinforce the Government's decentralization policy. The two subprogrammes are described below.

20. Reproductive health. In keeping with the specific focus of its mandate, UNFPA would assist the Government in promoting reproductive health. The purpose of the reproductive health subprogramme is to contribute to: (a) increased use of reproductive health services and (b) improved knowledge and promotion of responsible reproductive health behaviour and practices. This subprogramme would be implemented at the national level and in the three provinces -- Antsiranana, Toamasina and Toliary -- assigned to UNFPA by the Government. The specific outputs would be: at the national level, (a) increased demand for reproductive health services and (b) strengthened programme management; and, at the provincial level, (c) improved access to reproductive health services and (d) improved quality of reproductive health services.

21. At the national level, a main programme activity would be to develop a national reproductive health IEC strategy and FLE/PopEd approaches in support of responsible reproductive health behaviour of men, women and especially of youth, and the institutionalization of FLE/PopEd in schools. Emphasis will be given to the prevention of STDs, including HIV/AIDS. Adolescent reproductive health services and counselling for youth, mainly through a peer educational programme and FLE activities out of school, would be offered. Other activities would include: (a) the development of a national policy on reproductive health, including advocacy for the revision of current legal provisions unfavourable to reproductive health; (b) the setting up of an operational mechanism for intrasectoral and intersectoral coordination and monitoring of reproductive health activities, including the effective use of reproductive health data for planning and decision-making; and (c) the preparation of a training programme in reproductive health, taking into account the gender dimension and the monitoring and evaluation of trained personnel.

22. To strengthen programme management, the use of data would be promoted at all levels as a planning and decision-making tool. The reproductive health information system would be integrated into the National Health Information System (NHIS), which is being completed. Furthermore, a reproductive health database and a reproductive health electronic atlas would be completed in close collaboration with the National Institute for Statistics to ensure the consistency and validity of the national statistics information system.

23. In the three assigned provinces, programme activities would include: (a) improving the availability of reproductive health services, including in remote areas, through the involvement of community agents for community-based distribution (CBD) and of TBAs in service delivery; (b) enhancing the competence of service providers and social workers in reproductive health through pre- and in-service training and frequent follow-up of trained personnel; (c) facilitating the effective deployment of health staff; and (d) rehabilitating and equipping reproductive health facilities and supplying them with contraceptives.

24. Gender issues would be included in the FLE/PopEd activities, with emphasis on increasing male responsibility for reproductive health, particularly with respect to the prevention of STDs/HIV/AIDS. Special attention would be paid to IEC for reproductive health activities, with a particular focus on reaching youth and women.

25. Of the $10.1 million to be allocated to the reproductive health subprogramme, $1.5 million would be sought from multi-bilateral sources and the remainder would be programmed from UNFPA regular resources. The Government of France has expressed interest in providing a portion of the multi-bilateral funds. For the development of reproductive health service delivery, including the provision of training, equipment, essential drugs and contraceptives, $7 million would be allocated;

$1.4 million would be allocated for the FLE/PopEd for youth in schools; $1.5 million for reproductive health activities for out-of-school youth; and $0.2 million for advocacy activities.

26. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the implementation of the NPPESD and the NPP and to the empowerment of women. The following outputs would be expected: (a) the NPP would be operationalized; (b) knowledge about, and support to, the NPPESD and the NPP would be improved; (c) population variables would be integrated into development plans and programmes; and (d) the status of women would be enhanced.

27. All activities in this subprogramme would be undertaken at the national level. They would focus on: (a) improving knowledge of the NPPESD and the NPP through the update of the NPP advocacy strategy and the production and use of IEC materials; (b) promoting an effective institutional framework for the NPP and advocacy for increased resources for its implementation; (c) establishing a documentation centre at the National Population Office on population issues and supporting the analysis and publication of population data, including data disaggregated by sex; (d) integrating population variables into sectoral plans and completing the national strategy on data collection, analysis and research; (e) supporting the 2002 DHS and the 2003 population census, in collaboration with other donors, with an emphasis on better dissemination and use of data; (f) integrating population and development issues, including gender, into training curricula of higher learning institutions; and (g) carrying out advocacy activities to enhance the status of women.

28. Of the $3.9 million to be allocated under this subprogramme, 0.4 million would be sought from multi-bilateral sources and the remainder would be programmed from UNFPA regular resources. The Government of France has expressed an interest in providing some multi-bilateral funds. For the implementation of the NPPESD and the NPP, $1.1 million would be allocated; $1.2 million would be allocated for promoting the equality, equity and the empowerment of women; $1.3 million would be allocated for data collection and analysis; and $0.3 million would be allocated for advocacy activities.

29. Programme implementation, coordination, monitoring and evaluation. The overall coordination of the proposed UNFPA programme would be the responsibility of the Ministry of Finance and Economic Affairs and the Ministry of Foreign Affairs, in accordance with their respective mandates. Sectoral ministries would continue to be responsible for the implementation of programme components. The programme would be executed by the Government, specialized United Nations agencies, and national and international NGOs as well as by UNFPA, taking into consideration the required technical capacities and skills. Technical backstopping would be provided by the UNFPA CST in Harare, Zimbabwe, resident international technical advisers, resident national experts and other experts.

30. The proposed programme would be implemented in accordance with UNFPA guidelines and procedures, which include annual reviews, progress reports and field monitoring visits. Qualitative and quantitative indicators would be used to monitor progress. The indicators and tools developed by the Administrative Committee on Coordination Task Force on Basic Social Services for All (BSSA) would also be utilized. The subprogrammes would include internal and external evaluation exercises. A mid-term review would be organized in 2001 to assess the programme's progress and to formuiate recommendations, as needed, for the remainder of the programme. A final evaluation would be held in 2003.

31. The monitoring, evaluation and management of the programme would be harmonized within the UNDAF coordination mechanism that is to be established. Two out of four specific objectives of the UNDAF deal with the improvement of quality of life of people through the access to basic social services and the strengthening of institutional capacities and match the purposes of the UNFPA subprogrammes. Moreover, the UNDAF monitoring and evaluation indicators take into account the ICPD indicators. Data collection and analysis activities, including the 2002 DHS and the 2003 population census, would be used to assess the impact of the programme.

32. The Madagascar field office is composed of a Representative, one Deputy Representative, one Assistant Representative, one Programme Officer; three Assistants (Programme, Financial and Administrative) and other general service staff.

Recommendation

33. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Madagascar, as presented above, in the amount of $14.4 million for the period 1999-2003, of which $12.5 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $1.9 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

*****